- UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)			ATTORNEY DOCKET 82652NAB Customer No. 01333		
To: Commissioner for Patents			Express Mail Label No.		
P.O. Box 1450			PW 20251122 CHG		
Alexandria, VA. 22313-1450			EV 2935113	336 US	F S
A METHOD FOR ADJUSTING DOT-GAIN FOR A HALFTONE BINARY BITMAP			Date: AU	Just 6,2003	140 U.S. 0/63525
First Named Inventor (or Application Identifier):					9
Kurt M. Sanger					
Enclosed are:  1. X Specification			( V	A	
1. X Specification			6. X	Assignment of the invention to Eastman Kodak Company	
2. 17 Sheet(s) of drawing	ag(s)		7.	Certified copy of a priority	
3. X Information Discl	osure Statement Und	der 37 CFR	8.	Associate Power of Attorney	
4. Combined Declaration for Patent Application and Power of Attorney:					
<ul> <li>4a. X New</li> <li>4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)</li> </ul>					
5. Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).					
checked) The entire disclosure		Signed state	ement attached deleting inventor(s) na	med	
which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and					
application and is hereby incom			1.33(b).		
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,					
after the title, by inserting the following:					
CROSS REFERENCE TO RELATED APPLICATION  Reference is made to and priority claimed from U.S. Provisional Application Serial No.,					
filed, entitled.					
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:					
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:					
12. X Please address all written communications to Milton S. Sales, Patent Legal Staff,					
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.  Please Direct all telephone calls to Nelson A. Blish at 585-588-2720.					
The filing fee has been calcula			202 200 2720.		
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	
BASIC FEE				\$ 750	
TOTAL CLAIMS INDEPENDENT CLAIMS	30 - 20 =	10	x 18 =	\$ 180	
MULTIPLE DEPENDEN	3 - 3 =  ST CLAIM PRESEN	JTFD 0	$\begin{array}{c c} x 84 = \\ \hline + 286 \end{array}$	\$ 0 0 \$ 0	
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<del></del>				<del> </del>	
X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 930					
A duplicate copy of this sheet is enclosed  X The Commissioner is hereby authorized to charge any additional filing fees required under					
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.					
A duplicate copy of this sheet (s enclosed.					
				Ku	
Nelson A. Blish/tmp		orney for App	licants		
Telephone: 585-588-2720 Registration No. 29,134					
Facsimile: 585-477-4646		8	,	<b>,</b> •	